



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) COMMITTEE MEETING MINUTES

May 5, 2009

Approved
5/26/2009

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF	COMM STAFF/ CONSULTANTS
Jeffrey Goodman, <i>Co-Chair</i>	Robert Butler	Jeff Bailey	Juhua Wu	Jane Nachazel
Kathy Watt, <i>Co-Chair</i>	Jim Chud	Miki Jackson		Glenda Pinney
Douglas Frye	Ted Liso	Anita Le		Craig Vincent-Jones
Joanne Granai	Anna Long			
Michael Green				
Bradley Land				
Quentin O'Brien				

CONTENTS OF COMMITTEE PACKET

- 1) **Agenda:** Priorities and Planning (P&P) Committee Meeting Agenda, 5/5/2009
- 2) **Minutes:** Priorities and Planning (P&P) Committee Meeting Minutes, 4/28/2009
- 3) **List:** California HIV Insurance Continuation Options, 5/5/2009
- 4) **Table:** Priorities and Planning Committee Meeting Locations, *Revised 4/10/2009*
- 5) **Memorandum:** Recommendations for Year 19 Priority- and Allocation-Setting Funding Scenarios, Paradigms and Operating Values, 2/14/2008
- 6) **Memorandum:** FY 2009 Allocation-Setting, 5/1/2009
- 7) **Spreadsheet:** Grant Year 18 Ryan White Part A & B Expenditures by Service Categories as of February 28, 2009, 4/23/2009
- 8) **Summary Key:** Year 18 Ryan White Part A & B Expenditures by Service Category, *on-going*

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 2:00 pm. Conflicts of interest were noted during roll call.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Passed by consensus*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the 4/28/2009 P&P Committee Meeting minutes (*Passed by Consensus*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:** There were no comments.
6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.
7. **CO-CHAIRS' REPORT:**
 - A. **Meeting Dates and Locations:** The P&P Committee meeting schedule was included in the packet. Dr. Green will present Office of AIDS Programs and Policy (OAPP) YR 20 allocation recommendations at the next meeting, 5/19/2009, in the Commission offices. The Committee may decide YR 20 allocations at that time or may need to use the additional 5/26/2009 meeting for that purpose.

Priorities and Planning (P&P) Committee Meeting Minutes

May 5, 2009

Page 2 of 4

8. FY 2009 ALLOCATIONS:

- The Committee addressed allocation of the FY 2009 Ryan White Program Part A Grant Award increase. The award increased by \$2,485,856 (7.4%) from FY 2008. OAPP informed the Committee it had \$2,237,270 to allocate, which is the grant award minus 10% (\$258,586) for administrative costs.
- Dr. Green responded to questions from the Committee from its previous meeting:
 1. **What service categories can accommodate increased capacity?** *Fee-based services can be readily increased. OAPP prefers not to increase most cost reimbursement-based services as they depend on infrastructure expansion, such as additional staff, that might not be implementable this year or sustainable after this year. Medical Outpatient/Specialty and Local Pharmacy Program/Drug Reimbursement can be increased with existing staff. Fee-based categories are: ADAP Enrollment/AIDS Drug Assistance Program (ADAP); Substance Abuse, Residential; Substance Abuse, Treatment; Residential, Transitional; Medical Transportation; Skilled Nursing; Hospice.*
 2. **Is there a method to augment Mental Health/Psychotherapy services effectively in light of pending Medi-Cal cuts and under-spending?** *Most Mental Health/Psychotherapy providers have difficulty hiring staff, so they probably can not expand services. There is also no assurance of funds to sustain new staff in FY 2010. Scheduled rate studies for Mental Health/ Psychotherapy and Mental Health, Psychiatry were cancelled. Several people noted their agencies augment Ryan White funding to retain psychiatrists and psychologists. State mental health funds have also been cut.*
 3. **Do contract augmentation limits impact potential increases for any service categories?** *No. All contracts can be augmented up to 15% or, if augmented in the last four years, 25%. Individual contract limits vary based on how much they have already been augmented. Contract amendment requires Board approval.*
 4. **Can Oral Health expend more funds effectively given the recent increase in MAI funding?** *OAPP is meeting with the six providers to learn how they currently use Denti-Cal funds being cut 7/1/2009. OAPP can assist with laboratory costs, but other costs would be harder to support. OAPP is monitoring expenditure of already allocated additional funds and does not recommend an increase at this time.*
 5. **How does the impending 6/1/2009 Board Letter impact Committee deliberations, e.g., agencies may not be willing to increase services until they have signed documentation to do so?** *Some agencies initiate services after Board approval. Others wait the two or three months for a fully executed contract. OAPP cannot make that determination for agencies.*
 6. **Are Net County Cost (NCC) funds lost to Ryan White-funded care and treatment if service categories are supplemented with additional Part A funds?** *The \$17.2 million in NCC funds constitutes the County's required Maintenance of Effort (MOE) and cannot be recaptured by the BOS. The amount is essentially static. It was raised three years ago after no increase for 14 years. If the MOE is raised for two consecutive years, the EMA must continue the higher amount going forward.*
 7. **Can additional Part A funds free NCC funds to bolster the prevention system destabilized by cuts?** *NCC can be shifted within HIV/AIDS services. Since they are not federal funds, it is not covered by the prohibition against supplanting federal funds or the 75% core medical/25% support service requirements.*
 8. **How can the Committee assure that additional funds support additional services?** *OAPP increases deliverables of augmented contracts with new goals and objectives that are then monitored. The system does not monitor whether additional Ryan White funds replace NCC funds, but only the deliverables.*
 9. **What are OAPP's suggestions for use of NCC funds in light of additional Part A funds?** *NCC has historically been used to fill gaps. That includes freeing Ryan White funds for other purposes and meeting emerging needs throughout the County fiscal year. It is fully expended each year.*
 10. **What service categories have recently been reduced and by what amounts, e.g., Medical Outpatient/Specialty; Mental Health, Psychiatry; and HIV Counseling/Testing?** *The following service categories received funding reductions in FY 2009 of \$1,176,000 due to under-utilization/under-spending or decreased service category funding:*

Service Category	Reduced Funding
HIV Counseling and Testing (HCT) in Care Settings	\$293,000
Mental Health, Psychiatry	\$280,000
Medical Specialty	\$264,000
Medical Outpatient	\$193,000
Treatment Education	\$86,000
Case Management, Psychosocial	\$60,000

11. Could funds support a Benefits Specialist in each SPA through Case Management/Psychosocial? What is the plan for the \$750,000 recently allocated to Case Management, Psychosocial for Benefits Specialty? *OAPP recommends waiting for the RFP to properly position Benefits Specialty. There are no benefits specialists as yet, so \$690,000 in allocated funds will support case managers. Allocated funds were aligned with case loads for the \$60,000 reduction to this service category. Meanwhile, the first Benefits Specialty training has been held.*

12. Is it possible to fund health insurance premium payments? *There is no mechanism or ability to create one to make such payments for the current fiscal year.*

13. Is it possible to significantly impact community services through augmenting Early Intervention Services (EIS)? *EIS is hard to track with four funding streams. OAPP is working with the state to align their EIS with OAPP's and, preferably, to allow OAPP to manage all EIS. OAPP recommends no increase until streamlining is accomplished.*

- Dr. Green recommended existing allocation percentages for fund distribution. Restorations would be based on capacity. Such allocations would backfill Medical Outpatient (MO) categories and offer a cushion to address Medical Specialty (MS) access disparities. Most MS is distributed through CHAIN, an MS referral network, but it does not equally cover the County. Some larger agencies have capacity for their own MS line items, but the Stark law prohibits self-referral and not all are signed up with CHAIN. Referrals to County are not always possible either, so clients are sometimes sent to the ER.
- OAPP includes the following activities under MO: MO, MS, Counseling/Testing in Care Settings, and Local Pharmacy Program/Drug Reimbursement (LPP/DR). Some agencies received MO cuts because they could not spend down their Drug Reimbursement line items.
- Mr. Vincent-Jones noted Counseling/Testing in Care Settings has a standard, but the Commission has not allocated for it to date. Dr. Green said it has not been funded by Part A in the past.
- Dr. Green felt it unlikely increased Mental Health, Psychiatry funds could be expended because positions could not be filled, although Mr. O'Brien noted that a few new psychiatrists have recently been identified.
- Treatment Education was reduced because an agency was using peer counselors rather than a certified treatment educator as required by the standard of care.
- Ms. Watt noted Substance Abuse, Treatment includes day treatment, methadone maintenance and residential detoxification. Methadone maintenance is not now funded by Ryan White because providers identified funding at a higher level elsewhere. Residential detoxification is in high demand and Ryan White contracted providers are available.
- The Committee felt that funding should be restored for Medical Outpatient, Medical Specialty and Mental Health, Psychiatry but did not need to be for HCT, Treatment Education and Case Management, Psychosocial.
- Restrict allocations to Part A and B-funded categories to facilitate contracting funds part-way through the contract year and to avoid the cost inefficiency of multiple funding streams consistent with the Committee's decision last year.
- The Committee decided that OH, which recently received additional MAI funding, and Benefits Specialty could not absorb additional funds at this time, and should not receive additional allocations.
- The Committee recommended allocating \$1.55 million to MO, MS and Local Pharmacy Program/Drug Reimbursement (LPP/DR) by applying the proportional share of current allocations in the remaining, identified service categories. Special consideration directed to MS to address increase specialty care needs of patients, and to include those receiving services from private and County providers. The Committee felt that impending state budget cuts could significantly increase demand for LPP/DR services.
- The Committee recommended the remaining balance to the following seven service categories: Mental Health, Psychiatry; Mental Health, Psychotherapy; Case Management, Psychosocial; Substance Abuse, Residential; Medical Transportation; Skilled Nursing; and Hospice.
- While recognizing the importance of Case Management, Medical; Treatment Education; Medical Nutrition Therapy; and Nutrition Support, no additional funds were allocated so as to focus funds for greatest impact on categories with higher need.

MOTION #3: (Goodman/Land): Allocate \$1.55 million to Medical Outpatient, Medical Specialty and Local Pharmacy Program/Drug Reimbursement. Allocate the remaining balance (estimated at \$687,270) proportionate to current allocations to the following seven service categories: Mental Health, Psychiatry; Mental Health, Psychotherapy; Case Management, Psychosocial; Substance Abuse, Residential; Medical Transportation; Skilled Nursing; and Hospice except that Mental Health, Psychiatry be fully restored to pre-cut levels if funding can be utilized and expended properly (**Passed: Ayes**—Frye, Goodman, Granai, Land, O'Brien, Watt; **Opposed**—None; **Abstentions**—Green).

9. **FY 2008/2009 EXPENDITURES:** This item was postponed.

10. **MINORITY AIDS INITIATIVE (MAI):** The MAI Subcommittee is continuing work on schedule.

11. **HOSPICE SERVICES NEEDS ASSESSMENT:** This item was postponed.

Priorities and Planning (P&P) Committee Meeting Minutes

May 5, 2009

Page 4 of 4

12. **2009 COMPREHENSIVE CARE PLAN:** Mr. Vincent-Jones and Jim Chud are working on a report.
13. **COMMITTEE WORK PLAN:** This item was postponed.
14. **GEOGRAPHIC ESTIMATE OF NEED (GEN) REPORT:** This item was postponed.
15. **OTHER STREAMS OF FUNDING:** This item was postponed.
16. **STANDING SUBCOMMITTEES:** This item was postponed.
17. **NEXT STEPS:** This item was postponed.
18. **ANNOUNCEMENTS:** This item was postponed.
19. **ADJOURNMENT:** The meeting was adjourned at 5:20 pm.